

Radiation Control Program Rural Authorization Application



Please Choose the appropriate scope that this application is for:

(check all that apply)

Full Authorization: RRA Radia		ation Therapy Radiolog		gy Nuclear Medicine	
Limited Authorization:	Chest	Extremity	Spine	Skull/Sinus	Foot/Ankle
	Bone De	nsitometry	Fluoros	сору	
APPLICANT'S LAST NAME		FIRST NA	ME		MIDDLE INITIAL
	NAME ON C	CREDENTIAL ¹		SSN	√ : ²
STREET ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER	F	AX NUMBER			E-MAIL ADDRESS
NAME OF CURRENT EMPLOYER	E	MPLOYER'S ADDF	RESS		PHONE NUMBER
Employment location is a	1:				
☐ Federally-qualified hea	alth center. I	Pursuant to 42	U.S.C. § 1	396d(I)(2)(B).	
☐ Rural health clinic. Pu	suant to 42	U.S.C. § 1395	ix(aa)(2).		
☐ Employer has establismachines for imaging that and Human Services, He Care. (n.d.). Health cent assurance.	at meets the alth Resourc	requirements ces and Service	prescribed es Administ	l by the U.S. De tration, Bureau	epartment of Health of Primary Health
If working at more than	one location	, list each emp	oloyer and	attach.	
•	Submit a signed attestation form as proof of training in the modality indicated for positioning, radiation safety and machine operation. ³				

Submit this application and any required documentation to the Radiation Control Program. Upon

approval, you will be invoiced in the amount of \$50.

	PERSONAL DATA	Υ			
1.	Within the past 10 years, was your certificate or license suspended, revoked, restricted, or denied in any state, federal or foreign jurisdiction?				
2.	2. Within the past 10 years, were you disciplined for unprofessional conduct such as patient abuse, incompetence, negligence, or unsafe practices?				
3.	Within the past 10 years, were you convicted of a felony, or named in any past or pending civil suit alleging incompetence or negligence in the care of others?				
4.	Are you presently afflicted by any medical condition which may impair your ability to practice with reasonable skill and safety?				
If YES to any of questions 1 through 4, submit an explanation with this application. ⁴					
	fferent, submit copy of marriage license, court decree, etc.				
² Req	uired pursuant to NRS 653.550(1)(a).				
³ Include a signed attestation as approved by the Division.					
⁴ A YE	S answer does not necessarily preclude licensure.				
CHILD SUPPORT INFORMATION 5					
☐ I am NOT subject to a court order for the support of a child.					
☐ I am subject to a court order for the support of one or more children and am in compliance with the order, or am in compliance with a plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order); or					
☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney (or other public agency enforcing the order for the repayment of the amount owed pursuant to the order).					
⁵ This application cannot be processed until the applicant checks the appropriate box.					

ATTESTATION					
I,, a	ttest that I am the person described and identified				
in this application; that I have answered all questions in this application truthfully and completely; that the furnished supporting documentation is accurate to the best of my knowledge. I understand that prior to making a determination regarding my application, the Division may require additional information from me.					
SIGNATURE	DATE				